

City of Cudahy, Wisconsin
5050 S. Lake Drive
(414) 769-2204

Employment Application

We consider applicants for all positions without regard to race, color, religion, Sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected status.

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

(PLEASE PRINT)

Positions(s) Applied For

Date of Application

How Did You Learn About Us?

☐ Advertisement/Paper

☐ Friend

☐ Inquired at City Hall

☐ Posting

☐ Relative

☐ Other _____

Last Name

First Name

Middle Name

Former Name/Maiden Name

Address

Number

Street

City

State

Zip Code

Telephone Number(s)

Home:

Alternate:

Best Time to Be Reached?

Social Security Number

☐ Morning

☐ Afternoon

☐ Evening

Please Answer the Following Questions:

1) If you are under 18 years of age, can you provide required proof of your eligibility to work? (Work permit)

☐ N/A ☐ Yes ☐ No

2) Have you ever filed an application with us before?

☐ Yes ☐ No

If **Yes**, give date _____

3) Have you ever been employed with us before?

☐ Yes ☐ No

If **Yes**, give date _____

- 4) Are you current employed? ☐ Yes ☐ No
- 5) Does the City of Cudahy have your permission to contact your Present employer at this time? ☐ Yes ☐ No
- 6) Are you prevented from lawfully becoming employed in this Country because of Visa or Immigration Status? ☐ Yes ☐ No
(Proof of citizenship or immigration status will be required upon employment)
- 7) On what date would you be available for work? _____
- 8) Are you available to work: ☐ Full-Time ☐ Part-Time ☐ Temporary
- 9) Are you currently on "layoff" status and subject to recall? ☐ Yes ☐ No
- 10) Do you have any limitations which would prevent you from performing the essential functions of the job for which you have applied: ☐ Yes ☐ No
If Yes, please explain:

- 11) Have you been convicted of a felony within the last 5 years? ☐ Yes ☐ No
(Conviction will not necessary disqualify an applicant from employment)

- 12) Do you have any charges pending or have you ever been convicted of any violation of the Law other than minor traffic violations? ☐ Yes ☐ No
If Yes, to 11 or 12 above, complete the following:

Charge	Date	City & State	Fine or Sentence

Pending charges or conviction will not necessarily disqualify an applicant from employment.

- 13) Have you ever been discharged for cause from any employment? ☐ Yes ☐ No
If Yes, state the details:
- _____
- 14) If the position for which you have applied requires use of a motor vehicle, do you have: 1) a valid driver's license? ☐ Yes ☐ No 2) a Commercial Driver's License? ☐ Yes ☐ No
- 15) If the position for which you have applied requires use of a motor vehicle, has your license ever been revoked or suspended? ☐ Yes ☐ No
If Yes, please explain and give dates:
- _____
- _____
- _____

EDUCATION

College/University Professional																					
Name																					
School Name and Location					Elementary School					High School					Undergraduate				Graduate/		
Address																					
Years Completed					4	5	6	7	8	9	10	11	12	1	2	3	4	1	2	3	4
Diploma/Degree										Diploma Yes No											
										GED Yes No											
Describe Course of Study																					
Describe any specialized training, apprenticeship, skills and extra-curricular activities:																					
Describe any honors you have received:																					
State any additional education information you feel may be helpful to us in considering your application:																					

EMPLOYMENT EXPERIENCE

Start with your present or last job. Please list all your employers. If you need additional space, please continue on a separate sheet of paper.

Employer		Length of Service		Job Title	
Address		From – To			
Telephone Number(s)		Hourly Rate/Salary			
Supervisor		Starting	Final	Work Performed	
Reason for Leaving:					

Employer	Length of Service	Job Title
Address	From – To	
Telephone Number(s)	Hourly Rate/Salary	
Supervisor	Starting	Final
Work Performed		
Reason for Leaving:		

Employer	Length of Service	Job Title
Address	From – To	
Telephone Number(s)	Hourly Rate/Salary	
Supervisor	Starting	Final
Work Performed		
Reason for Leaving:		

SPECIAL SKILLS AND QUALIFICATIONS:

Summarize special job-related skills and qualifications acquired from training, employment or other experience.

Current Certifications/Licensure: Please list any relevant to the position for which you have applied.

Type	Conducted By	Date Certified – Date Expires	Level

List professional, grade, business or civic activities and offices held.

You may exclude memberships which would reveal sex, race, religion, national origin, age, ancestry, or handicap or other protected status.

REFERENCES

Give name, address and telephone number of three references who are not prior employers, and who are not related to you.

Name	Address	Phone
1.		
2.		
3.		

I request that my employment application with the City of Cudahy and all related references and documents remain confidential to the extent allowed by Wisconsin statutes.

AUTHORIZATION AND ACKNOWLEDGEMENT FOR EMPLOYMENT WITH THE CITY OF CUDAHY

I certify that the answers given by me in this application are true and correct without omissions of any kind. I understand that any misleading or incorrect statements may render this application void. If I am employed and it is subsequently discovered that any answer given by me is incomplete, misleading or incorrect, I may be terminated. I agree that the City of Cudahy shall not be held liable in any respect if my employment is terminated because of false, incomplete or misleading statements, answers or omissions made by me in this application.

I also authorize pertinent companies, schools, agencies, municipalities or persons to give to the City of Cudahy any information requested regarding my employment, character, experience and qualifications and/or suitability for employment with the City of Cudahy including a check of my fingerprints and police record for the purpose of considering my suitability for hire. I hereby forever release, discharge and covenant not to sue any person or organization for any result of providing, obtaining or acting upon such information. I understand that such information is sought with confidentiality and will not be released to me in any form whatsoever.

In addition, a copy of this authorization is as valid as the original and should be recognized as such.

I further understand that I may be asked to undergo a physical examination, including substance abuse screening, prior to an appointment to a position with the City of Cudahy. Refusal to participate will result in the rejection of my application.

Applicant's Signature

Date

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

CUDAHY CIVIL SERVICE COMMISSION
5050 South Lake Drive, Cudahy, WI 53110

EMPLOYING AGENCY
AUTHORIZATION FOR RELEASE OF INFORMATION
(For official use only, not to be released to unauthorized person)

I hereby empower any employee of the Cudahy Police Department bearing this release or copy thereof, to obtain information and records pertaining to me from any or all of the following sources:

1. Selective Service System
2. Any banking of financial institution
3. Any place of business (for purposes of obtaining credit or employee data)
4. Credit rating bureaus or institutions maintaining individual credit rating files
5. Any previous employers
6. Present employer
7. Any school, college, university or other educational institution
8. Any office, clinic, sanatorium or hospital where physical and/or mental illnesses are diagnosed and treated
9. Any Motor Vehicle Department driver license records
10. Any record of arrest(s)

I hereby release any individual or institution, including its officers, employees or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information or any attempt to comply with it.

Exceptions to this blanket authorization:

1. _____
2. _____
3. _____

Any information received as a result of this authorization shall become a permanent entry in the personnel file of the applicant, with the Cudahy Police Department.

FULL NAME (Signature) _____

CURRENT ADDRESS _____

CITY/STATE/ZIP _____ DATE _____

CONFIDENTIAL EMPLOYEE/APPLICANT INFORMATION

NOTE: This information will not be shared with those individuals involved in the interview process

NAME: _____ DATE: _____
 Last First MI
JOB TITLE: _____ DEPT: _____

(THE FOLLOWING INFORMATION IS NOT REQUESTED ON OUR EMPLOYMENT APPLICATION)

1. Date of Birth: _____ 2. Sex: _____ Male _____ Female
 Month Day Year
3. Racial/Ethnic Identification: Check the box that most accurately describes your racial/ethnic identity. (Select Only One). Please note that, if necessary, verification must be provided.

White _____ (not of Hispanic origin – Persons having origins in any of the original peoples of Europe, North Africa, or the Middle East)

Black _____ (not of Hispanic origin – Persons having origins in any of the Black racial groups of Africa)

Hispanic _____ persons of Mexican, Puerto Rican, Cuban, Central or South American, or Spanish culture or origin, regardless of race)

Asian or Pacific Islander _____ (persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Sub-continent, or the Pacific Island. For example: China, India, Japan, Korea, the Philippine Islands and Samoa)

American Indian* or Alaskan Native _____ (persons having origins in any of the original peoples of North America and who maintain cultural identification through tribal affiliation or community recognition)

*Name of Tribe: _____

*Agency or reservation where tribal enrollment records are kept: _____

4. The City of Cudahy does not allow immediate family members to supervise another family member in the work environment. In other circumstances, family members may be barred from working together for reasons of safety or security or other business necessity.

Are you related to anyone currently employed by the City of Cudahy? Yes _____ NO _____
If yes, please specify:

Name	Relationship	Position
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Name	Relationship	Position
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5. Do you have any physical or mental conditions/disabilities? Yes _____ NO _____. If yes, please explain.

I certify that the above information is true and correct.

Signature _____